BAY AREA/SACRAMENTO REGION

Alameda, Amador, Contra Costa, El Dorado, Marin, Napa, Nevada, Placer, Sacramento, San Francisco, San Joaquin, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma, Sutter, Yolo, Yuba

"COBRA" GROUP CONTINUATION COVERAGE RATES FOR JANUARY 1, 2008 TO DECEMBER 31, 2008

BASIC					
PLAN					
CODE	PLAN NAME	1 Party	2 Party	3 Party	
301	Blue Shield HMO	\$543.59	\$1,087.18	\$1,413.33	
060	Blue Shield HPN*	\$487.78	\$975.57	\$1,268.24	
305	Kaiser	\$480.08	\$960.17	\$1,248.21	
320	PERS Choice	\$492.13	\$984.26	\$1,279.54	
072	PERS Select*	\$476.52	\$953.05	\$1,238.96	
325	PERSCare	\$764.83	\$1,529.65	\$1,988.55	
207	PORAC	\$461.04	\$863.94	\$1,097.52	
	* Blue Shield NetValue and PERS Selec	t are high performa	ance physician netw	ork plans	

LOS ANGELES AREA REGION

Los Angeles, San Bernardino, Ventura

"COBRA" GROUP CONTINUATION COVERAGE RATES FOR JANUARY 1, 2008 TO DECEMBER 31, 2008

PLAN				
CODE	PLAN NAME	1 Party	2 Party	3 Party
302	Blue Shield HMO	\$399.85	\$799.70	\$1,039.61
062	Blue Shield HPN*	\$358.81	\$717.61	\$932.89
306	Kaiser	\$366.49	\$732.97	\$952.86
321	PERS Choice	\$458.02	\$916.04	\$1,190.85
080	PERS Select*	\$443.50	\$886.99	\$1,153.09
326	PERSCare	\$711.83	\$1,423.65	\$1,850.75
207	PORAC	\$461.04	\$863.94	\$1,097.52

OTHER SOUTHERN CALIFORNIA REGION

Fresno, Imperial, Inyo, Kern, Kings, Madera, Riverside, Orange, San Diego, San Luis Obispo, Santa Barbara, Tulare

"COBRA" **GROUP CONTINUATION COVERAGE** RATES FOR JANUARY 1, 2008 TO DECEMBER 31, 2008

BASIC				
PLAN				
CODE	PLAN NAME	1 Party	2 Party	3 Party
304	Blue Shield HMO	\$456.93	\$913.86	\$1,188.01
064	Blue Shield HPN*	\$410.02	\$820.04	\$1,066.05
308	Kaiser	\$401.50	\$803.01	\$1,043.91
323	PERS Choice	\$467.76	\$935.52	\$1,216.18
082	PERS Select*	\$452.93	\$905.86	\$1,177.62
328	PERSCare	\$726.96	\$1,453.93	\$1,890.11
207	PORAC	\$461.04	\$863.94	\$1,097.52

Blue Shield NetValue and PERS Select are high performance physician network plans

OTHER NORTHERN CALIFORNIA REGION

Alpine, Butte, Calaveras, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Mariposa, Mendocino, Merced, Modoc, Mono, Monterey, Plumas, San Benito, Shasta, Sierra, Siskiyou, Stanislaus, Tehama, Trinity, Tuolumne

"COBRA" GROUP CONTINUATION COVERAGE RATES FOR JANUARY 1, 2008 TO DECEMBER 31, 2008

	BASIC				
PLAN		1010			
CODE	PLAN NAME	1 Party	2 Party	3 Party	
303	Blue Shield HMO	\$551.76	\$1,103.52	\$1,434.57	
307	Kaiser	\$490.76	\$981.53	\$1,275.98	
322	PERS Choice	\$511.62	\$1,023.24	\$1,330.21	
053	PERS Select*	\$495.39	\$990.79	\$1,288.03	
327	PERSCare	\$795.12	\$1,590.24	\$2,067.32	
207	PORAC	\$461.04	\$863.94	\$1,097.52	
	* PERS Select is a high performan	ice physician netwo	ork plan		

OUT OF STATE REGION "COBRA"

GROUP CONTINUATION COVERAGE RATES FOR JANUARY 1, 2008 TO DECEMBER 31, 2008

	BASIC				
PLAN					
CODE	PLAN NAME	1 Party	2 Party	3 Party	
**	Kaiser Out-of-State	\$638.03	\$1,276.06	\$1,658.88	
324	PERS Choice	\$535.98	\$1,071.96	\$1,393.54	
329	PERSCare	\$832.98	\$1,665.97	\$2,165.76	
207	PORAC	\$461.04	\$863.94	\$1,097.52	
**	These premiums cover all Kaiser out-of-state areas.				
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